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plication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15				RA	ΤE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			(5 minus 20=		· Q-		X\$	9=	_	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =				X4	0=	<i></i>	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+13	5=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	ΓAL	355	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· /5	Minus	<u>" </u>	70	=	X\$	9=		OR	X\$18=		
	Independent FIRST PRESEI	• <u> </u>	Minus	***	5 T.CLAIM]=	X4	0=		OR	X80=		
<u>_</u>	FIRST PRESE	NIATION OF M	OLITE DEP	ENDEN	I CLAIN		+10	35=		OR	+270=		
								OTAL : FEE		OR	TOTAL ADDIT. FEE		
		<u> </u>	. ,		•								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	_ xs	9=		OR	X\$18=		
	Independent		Minus	***	T CL AIN]=	X4	0=		OR	X80=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1:	35=		OR	+270=		
							ADDI	OTAL . FEE		OR	TOTAL ADDIT. FEE		
	**************************************	(Column 1)	State Walling Co.		ımn 2)	(Column 3	<u>)</u>		_	_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=	_ X\$	9=		OR	X\$18=		
	Independent	•	Minus	***	-	=	X4	0=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIN	1	┛┝			1			
	If the entry in colu	mn 1 is less than	the entry in colu	mn 2. wri	ite "0" in c	olumn 3.	L	35=		OR	+270=		
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												